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May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000088182 (7)

1. Corporation Name
GARRISON PLACE INCORPORATION
SERENGETI RESORT ASSOCIATES, INC.

1129197
N.C.



Principal Place of Business
201 N. FRANKLIN STREET
SUITE 2100
TAMPA FL 33602

Mailing Address
201 N. FRANKLIN STREET
SUITE 2100
TAMPA FL 33602-5813

3. Date Incorporated or Qualified
11/15/1995

3a. Date of Last Report
08/05/1996

4. FEI Number
APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25

2a. Mailing Address
26 P.O. Box 3433
27 Suite, Apt. #, etc.
28 Tampa, Florida
29 33601 30 Zip Country

9. Name and Address of Current Registered Agent
MITCHELL, STEPHEN J
201 N. FRANKLIN STREET
SUITE 2100
TAMPA FL 33602

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BURGESS, BRADFORD C	
STREET ADDRESS	400 N. ASHLEY ST. #2500	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	DVST	<input type="checkbox"/> DELETE
NAME	MITCHELL, STEPHEN J	
STREET ADDRESS	201 N. FRANKLIN STREET #2100	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	c/o 201 North Franklin St., #2100
1.4 CITY-ST-ZIP	Tampa, Florida 33602
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	900002173739
6.3 STREET ADDRESS	-05/09/97--01120--023
6.4 CITY-ST-ZIP	***165.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if applicable, or on an attachment with an address.

SIGNATURE: *Stephen J. Mitchell* (Stephen J. Mitchell) 813/229-3321

CR2E034 (9/96)

(Rev. December 1996)
Department of the Treasury
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts,
estates, churches, government agencies, certain individuals,
and others. See instructions.)

OMB No. 1545-0003

COPY

◆ Keep a copy for your records

Please type or print clearly.

1	Name of applicant (Legal name) (See instructions.) SERENGETI RESORT ASSOCIATES, INC.		
2	Trade name of business, if different from name in line 1.	3	Executor, trustee, "care of" name c/o Stephen J. Mitchell
4a	Mailing address (street address) (room, apt., or suite no.) P.O. Box 3433	5a	Business address (if different from address in lines 4a and 4b)
4b	City, state, and ZIP code Tampa, Florida 33601	5b	City, state and ZIP code.
6	County and state where principal business is located Hillsborough County, Florida		
7	Name of principal officer, general partner, grantor, owner or trustee--SSN Required (See instructions.) Stephen J. Mitchell, President; SSN: 092-34-3481		

8a Type of entity (Check only one box.) See instructions.

<input type="checkbox"/> Sole Proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)	<input type="checkbox"/> Trust
<input type="checkbox"/> REMIC	<input type="checkbox"/> Plan administrator-SSN	<input type="checkbox"/> Partnership
<input type="checkbox"/> State/local government	<input checked="" type="checkbox"/> Other corporation (specify) <u>Investment</u>	<input type="checkbox"/> Farmer's cooperative
<input type="checkbox"/> Other nonprofit organization (specify)	<input type="checkbox"/> Limited liability company	<input type="checkbox"/> Church or church controlled organization
<input type="checkbox"/> Other (specify) ▶	(enter GEN if applicable)	<input type="checkbox"/> Federal government/military

8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶

State	Foreign country
Florida	

9 Reason for applying (Check only one box.)

<input checked="" type="checkbox"/> Started new business (specify) ▶ <u>investment</u>	<input type="checkbox"/> Changed type of organization (specify) ▶
<input type="checkbox"/> Hired Employees	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ▶	<input type="checkbox"/> Created a trust (specify) ▶
<input type="checkbox"/> Banking purpose (specify) ▶	<input type="checkbox"/> Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.)
02/01/97

11 Enter closing month of accounting year. (See instructions)
December

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year.) . . . ▶ N/A

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0" (see instructions). ▶

Nonagricultural	Agricultural	Household
0	0	0

14 Principal activity (See instructions). ▶ Investment

15 Is the principal business activity manufacturing? Yes No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check the appropriate box.

<input type="checkbox"/> Business (wholesale)	<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ▶	<input checked="" type="checkbox"/> N/A
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17a Has the Applicant ever applied for an identification number for this or any other business? Yes No
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different than name shown on line 1 or 2 above.
Legal name ▶ Trade name ▶

17c Approximate date when, and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (Mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct and complete.

Name and title (Please type or print clearly) ▶ Stephen J. Mitchell, President

Business telephone number (include area code) 813/229-3321
Fax telephone number (include area code) 813/223-9067

Signature ▶  Date ▶ 1-23-97

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class.	Size	Reason for applying
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